

shame. The time is now to step down and I echo the call for his resignation.

However, Mr. President, I am concerned that there seems to be a consensus that very little will be done to respond to the needs in Serbia until Milosevic is gone. Mr. President, we must remember that there are more than 500,000 refugees in Serbia and over 250,000 that were ethnically cleansed from southern Croatia in 1995 and reports are that they could have 50,000 more coming out of Kosovo.

And though I am somewhat comforted that the President and the European Community have said they will respond to the humanitarian needs, I am really interested in how they define "humanitarian."

I am certainly hopeful that humanitarian means things like repairing the bridges and cleaning the Danube, so people can go to work and receive necessary goods, bringing power back online, so people's essential needs can be met, or mending the basic infrastructure, to provide clean water and sanitation. However, based on news reports from this weekend, that does not seem to be the entire case; the West is only considering food, medicine and basic humanitarian aid, including, hopefully, electricity.

Nevertheless, I believe we should listen to Russian Prime Minister Sergei Stepashin who, according to the Washington Post, says the West is taking a short-sighted attitude on aid, which will foment resentment among the Serb people and make it hard to be a part of restoring peaceful relations in the region. Stepashin said, "You must not penalize 10 million Serbs for the conduct of one man."

We all know that part of our post-war objective in Yugoslavia is to get rid of Slobodan Milosevic. The best way to do that is to present an olive branch, not to him, but to the people of Serbia.

If we help the people, if we give them the humanitarian assistance they need directly, we speed up the process to his ouster. However, if we don't help, Milosevic will continue to keep his political hold by appealing to his constituents' worst instincts about NATO and the U.S.

In addition, our actions to help the Serbian people re-build will have a ripple effect on the rest of the region, such as Bulgaria and Romania, which have a great need to revitalize their respective economies.

We should support infrastructure programs that respond to the greater economic vitality of the entire region no matter where they are located.

As the international community continues to examine its options and alternatives for the redevelopment of the region, they should consider removing the outer wall of sanctions to allow the IMF and the World Bank into Serbia to promote its long-term reconstruction, understanding that the Serbian people will know that this cannot happen with Milosevic's vice-grip on all the institutions in the country.

There is a responsibility on the part of the countries of NATO to recognize that the Balkan nations are European, and they must be brought aggressively into the European fold.

The fact that the Europeans are taking on the lion's share of rebuilding the infrastructure and economy is the best guarantee that Southeast Europe will join the European and world economies, and presents a once-in-a-lifetime opportunity to make lasting and significant changes in that part of Europe.

For that challenge to become a reality, the people of Southeastern Europe, including the people of Slovenia and Croatia, must understand that they all have a symbiotic relationship.

By working together, their economies will improve, their standard of living will increase and the nationalism and ethnic cleansing that has plagued them for centuries will end.

I have often said that "there is some good that blows in an ill wind," and I consider this war to be an "ill wind."

However, the good that is blowing is the opportunity for the United States and NATO, to provide the impetus for a lasting peace to prevail throughout Southeastern Europe.

We can provide the reconstruction assistance that righted the economies of the rest of Europe after World War II and which has made them economically prosperous and willing defenders of the rights of all men and women.

We have had two world wars that have sprung from Europe in this century. We have a chance to guarantee that there will be no such wars in the 21st Century by helping restore Southeast Europe. It is important to the world, and its important to the strategic and national interests of the United States of America.

I have two mottoes: "Together, we can do it" and the other is our state motto, "With God, all things are possible."

I am confident that working together with our allies and with God's help, we can get the job done.

I yield the floor.

The ACTING PRESIDENT pro tempore. The distinguished Senator from Massachusetts is recognized.

Mr. KENNEDY. Mr. President, I ask to proceed for 15 minutes.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

#### ORDER OF PROCEDURE

Mr. KENNEDY. Mr. President, I see my colleague on the other side. I have been asked by the Senator from Michigan for some time. What is the remaining time to be divided between the Senator from Michigan and the Senator from Minnesota?

The ACTING PRESIDENT pro tempore. The Senator from Ohio has 8½ minutes remaining. Under the previous order, the Senator from Illinois, Mr. DURBIN, or his designee, is recognized

for up to 30 minutes. Under the previous order, the Senator from Kansas, Mr. ROBERTS, is recognized to speak for up to 15 minutes and then morning business is to be closed at 1 p.m.

Mr. KENNEDY. If the good Presiding Officer adds up the times, does that take us to 1 o'clock?

The ACTING PRESIDENT pro tempore. Normally, we grant the full time of individual Senators. It is the Chair's opinion that will be the case, in that the ag appropriations bill is to be taken up at 1 o'clock, but I believe the Senator will be protected.

Mr. KENNEDY. I ask unanimous consent that the time which remains be divided between the Senator from Michigan and the Senator from Minnesota, after my 15 minutes.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. KENNEDY. I thank the Chair.

#### PATIENTS' BILL OF RIGHTS

Mr. KENNEDY. Mr. President, I will address the Senate this morning on a subject which I believe needs attention in the Senate and also needs action by this body, and that issue is the legislation called the Patients' Bill of Rights.

The Patients' Bill of Rights is legislation which has been before the Senate for some 2 years. It is a rather simple bill. It is understandable. It is a rather commonsense bill. That is, we are, with this legislation, going to give assurances to the American people when they purchase insurance, that the medical profession, the doctors and the patients themselves, are going to make decisions related to the health care which affects them, rather than the accountants or insurance agents.

Basically, that is what this legislation is about. There are a number of guarantees and protections included in the Patients' Bill of Rights, which I have addressed on other occasions and which I, again, will mention this morning.

Every day we fail to take action on this legislation, we see what has happened in this country over the last 2 years; the patients suffer, while our Republican leadership refuses to schedule this particular legislation.

During the 2 years that we have been blocked, effectively, from a Patients' Bill of Rights, HMO abuses have caused some 33 million patients difficulty in getting specialty referrals, delayed needed medical care for some 33 million patients, forced some 23 million patients to change their doctors, forced 14 million patients to change medications, denied payments for emergency services to 11 million patients—those are patients who use the emergency room, who felt they had a medical emergency but were denied the coverage from their HMO and had to pay for it out of their own pocket—and caused unnecessary suffering and financial loss and frustration for millions more.

Over these last days, as we did last year, we have pointed out not only numbers but also in real terms what is happening to families all across this country. For those supporting a Patients' Bill of Rights, which is the legislation introduced by Senator DASCHLE, he has stated—and others who support it have stated—that we are ready, willing and able to enter into time agreements, but we want to have this measure scheduled. We ought to be able to permit the Senate to vote on these measures. They are enormously important, as we have been reminded in the past days by my colleagues and others.

We spent 5 days on legislation protecting various computer companies in this country from the potential of a Y2K glitch. We believe that we would not even need that amount of time to debate legislation that will provide protections for families, for parents, for loved ones, for husbands and wives, and particularly for children. We make the case—I do today—that it is time for the Congress to act to protect the patients against the abuses of managed care.

Patients and doctors should make the medical decisions, not the insurance company accountants. Too often, managed care is mismanaged care. Members of the Senate know it. Doctors, nurses and other health care professionals know it. The American people know it. It is time for the Republican leadership to stop protecting the insurance company profits and start protecting patients.

I point out that we have more than 200 organizations that support our legislation. It isn't that we just want to advance some proposal that has been assembled by the members of our party; there are those in the other party, including Dr. GANSKE, a doctor who is a Republican, and others who support our proposal. But more than 200 organizations representing the medical profession—the nurses, the doctors, the consumers, those who have studied this program—favor our proposal. There isn't one—not one—we are still waiting to hear just one medical professional group that supports the Republican proposal.

We are prepared to debate. But the American people, and those who are involved in the health care delivery system, those who are involved in research, those who are involved in protecting children, those who are involved in protecting women, those who are involved in protecting the disabled, those who are at the cutting edge in advancing research, understand the importance of this debate, this discussion, and votes here in the Senate.

We think it is time that we get to the business of the families of this country by moving ahead and starting to have this measure before us. We have reviewed the proposal made by the Republican leadership. We are now 2 weeks before the July break. We believe we can handle this legislation

prior to that period of time. We want this matter scheduled. We want to be able to move toward this debate.

I remember the comments that have been made in recent times by the Republican leadership: Well, we need to have a certain number of amendments. We can have two amendments, three amendments, four amendments, but we are not going to permit this matter to be brought before the Senate unless we have a prior agreement for three or four amendments.

That was last year, and we are again being denied the opportunity to debate this legislation even though we had before the Senate, just a very few weeks ago, the juvenile justice bill. There was no limitation on the number of amendments at that time. We had many contested amendments during that debate on the issue of gun control. We had a series of amendments, but nonetheless we had action on that legislation. We debated it, and then we brought that measure to a close. We did it in the longstanding, 200-year tradition of the Senate. We believe that on a matter which is of fundamental importance and significance to families that we ought to follow that procedure and that we ought to move ahead on this legislation at this time.

During the past year and a half, the Republican leadership has effectively used every trick in the book to delay or deny action on this issue. It is no secret what is going on. Stonewalling tactics have stalled consideration of this legislation for more than a year.

It was just over a year ago, on June 18, 1998 that Senator LOTT proposed to bring up the bill on terms that made a mockery of the legislative process. That proposal would have allowed the Senate to proceed to HMO reform but permitted the majority leader to pull the bill down at any time. The agreement also barred the Senate from considering any other health care legislation for the rest of the year.

Do we understand—do the American people understand what was being proposed for debate in the consideration of a Patients' Bill of Rights? The majority leader said: Well, I'll bring it up, but I'll be able to pull it down if I want. And if we bring it up, we have to have the assurance that no other legislation dealing with health care would be permitted on the floor of the Senate. That was the proposal a year ago. Obviously, we were not willing to agree to that proposal because that was completely in conflict with the public's interest for debate and discussion about these matters.

On June 23 of last year, 43 Democratic Members wrote to Senator LOTT to urge that he allow a debate and votes on the merits of the Patients' Bill of Rights. We requested that the Senate address the issue before the August recess. The response, on June 24 of last year, almost a year ago, was that Senator LOTT simply repeated his earlier unacceptable offer.

Then on June 25 a year ago, Senator DASCHLE proposed an agreement in

which Senator LOTT would bring up the Republican bill by July 6 so that Senate DASCHLE could offer the Democratic Patients' Bill of Rights, and the Senate could offer relevant amendments to HMO reform.

The Democratic leader had indicated that every amendment would be relevant to the proposal, that there would be only relevant amendments to the Patients' Bill of Rights. Yes, that was rejected as well.

The next day, on June 26, the majority leader offered a proposal, once again, that allowed him to withdraw the legislation at any time and bar consideration of any other health care legislation. That was on June 26. That is twice they did it almost a year ago, and we are no to a debate.

It goes on.

On July 15, 1998, he made another offer. This time he proposed an agreement that allowed for no amendments. He would bring up his bill, we could bring up ours, and that is it—all or nothing. The American people would be denied votes on key issues, denied key protections, too.

On July 29 and on September 1, the Republican leader offered variations of the proposal.

I could go on—and will—but it is just an indication of how long and how hard we have been trying to get this matter before the Senate in order to be able to try and vote on this.

Many Members of this body say: Well, we know it is not being called up because of various interests and interest groups. But let me just remind the Senate what has happened. See if they are somewhat troubled by it when we talk about interest and interest groups.

Not long ago, Mr. Gradison, who is the former head of the Health Insurance Association of America, was asked in an interview published in the Rocky Mountain News, to sum up the strategy of the special interests that are committed to blocking meaningful reform on the Patients' Bill of Rights. According to the article, Mr. Gradison replied, "There's a lot to be said for 'just say no.'"

The author of the article goes on to report: At a strategy session called by a top aide to Senator DON NICKLES, Gradison advised Republicans to avoid taking public positions that could draw fire during the election campaign. Instead of participating in a productive debate on how best to assure that all patients have the protections currently afforded only to those fortunate enough to be in the best plans, such as Members of the United States Congress and the Senate, insurance companies and their allies in the business community have heeded the call of the Republican leadership. The leadership aide, acting on the behalf of Senator LOTT, urged the industry in 1997 to get off their butts and get off their wallets and block reform. The Republican leadership directed these special interest friends to write the definitive paper

trashing all these bills, and they have responded accordingly, pouring tens of millions of dollars into paid advertising, ginned-up studies, and lobbying campaign coffers of those who are willing to stand in the way of the much-needed change. Over \$100 million has been spent in distortion and misrepresentation on this legislation, Mr. President. The interesting thing is, even with \$100 million spent, if you take the various studies and reviews out there, not just the case studies which come to our offices every day, but any of the measurements that are being taken out there about people's concerns, you find that it really hasn't impacted families in this country. They know what is happening every single day, and they know the kinds of protections they need. They know the importance of this legislation.

What are we basically talking about in terms of these commonsense rights?

How much time do I have remaining?

The ACTING PRESIDENT pro tempore. The Senator has 1 minute 12 seconds remaining.

Mr. KENNEDY. These are the commonsense rights: The right to a specialist, if you have a condition serious enough to require specialty care—no parent should be told that his child, with a rare cancer, will be treated by an HMO adult oncologist when the physician lacks the expertise needed to save the child—the right to prescription medicines that your doctor knows best that you need; the right to go to the nearest emergency room without financial penalty; the right to participate in clinical trials—that is so important with the whole range of new breakthrough drugs—the right to continue care if you are in the middle of a course of treatment and your doctor is dropped from a network or your employer changes insurance plans; the right to a speedy and fair, truly independent appeal; and the right to hold your plan accountable in court. These protections and the others are simply common sense. We believe we ought to have an opportunity to debate those and to offer those measures in the Senate.

I am very hopeful that we are going to be able to get this matter scheduled. It is a matter of enormous importance. We have seen reported out of our Health, Education, Labor and Pensions Committee legislation that has been favored by our Republican friends. Let's have that legislation before the Senate, with the time and opportunity to cover those matters, and let the Senate express its will. I am convinced that we will act to protect the families of America.

The ACTING PRESIDENT pro tempore. The time of the Senator has expired.

The distinguished Senator from Minnesota is recognized.

(The remarks of Senator GRAMS pertaining to the introduction of S. 1247 and S. 1245 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. LEVIN addressed the Chair.

The PRESIDING OFFICER. The distinguished Senator from Michigan.

Mr. LEVIN. Mr. President, I yield to the Senator from Massachusetts.

The PRESIDING OFFICER. The Senator is Massachusetts is recognized.

Mr. KENNEDY. Mr. President, three years ago, the entire Nation watched in horror and disbelief as an epidemic of church arsons gripped the South. The wave of arsons was primarily directed at African-American churches and it was a reminder of some of the darkest periods in our history—when African-Americans were the constant targets of violence by cowardly racists. In response to this epidemic, Congress, with overwhelming bipartisan support, passed the Church Arson Prevention Act. We recognized that all Americans—Democrats and Republicans, men and women, whites and nonwhites, Jews, Catholics, Protestants, and Muslims—deserve to be free from these vicious hate crimes.

Unfortunately, this kind of bigotry has raised its ugly head again, in the form of the despicable arson attacks on the synagogues in Sacramento, California last Friday. Houses of worship have a special place in our society, and when they are attacked, the devastation is far-reaching. The B'nai Israel synagogue is the oldest synagogue west of the Mississippi River. In the charred remains of its library were over 5,000 books, some hundreds of years old and many out of print.

Since passage of the Church Arson Prevention Act in 1996, the FBI and ATF have documented over 600 cases of church arson. With the passage of that legislation, the Justice Department was given the tools it needs to apprehend and prosecute the individuals responsible for these deplorable acts, and to deal with such hate crimes more effectively.

All of us look forward to swift action to bring those responsible for these shameful attacks to justice. Although the parishioners at B'nai Israel, Congregation Beth Shalom, and Knesset Israel Torah Center may have lost the use of their synagogues for a time, their spirit and strength in the face of their loss are an inspiration to the entire country.

Congress needs to bring the same vigorous bipartisan attention to other kinds of hate crimes.

Few crimes tear more deeply at the fabric of our society than hate crimes. These despicable acts injure the victim, the community, and the nation itself.

We have acted to deal with arson attacks on places of worship, and we need to take similar action to deal with other hate crimes.

We need to give the federal government more effective tools to investigate and prosecute these contemptible acts. In March, many of us joined in introducing S. 622, the Hate Crimes Prevention Act of 1999. This bill has the support of the Department of Jus-

tice, constitutional scholars, law enforcement officials, and many organizations with a long and distinguished history of involvement in combating hate crimes. The goal of the Hate Crimes Prevention Act is to provide federal investigators and prosecutors the tools they need to fight these senseless and violent acts.

Congress' silence on this basic issue has been deafening, and it is unacceptable. We must stop acting like we don't care—that somehow this fundamental issue is just a state and local problem. It isn't. It's a national problem, and for too long, Congress has been AWOL. We must act, and we must act now, to make the federal government a full partner in the ongoing battle against hate crimes in all their ugly forms.

Mr. LEVIN addressed the Chair.

The PRESIDING OFFICER. The distinguished Senator from Michigan is recognized.

#### MANAGED CARE PRACTICES

Mr. LEVIN. Mr. President, we in the United States have become known around the world for providing what can only be called the gold standards of health care. People come to the United States from all over the world to receive our high-quality health care. Yet I find that too many of my constituents are not receiving this world-renowned health care. Due to current practices in the managed care area, too many HMOs are denying critically needed care to too many of their beneficiaries.

For instance, in Detroit, I met with Donald Anderson, a quadriplegic who is in a wheelchair. When he changed jobs, he also changed health care providers. Donald told me that his new provider would not cover a rolling commode wheelchair for him after the wheel broke on the one he owned, even though his doctor classified the wheelchair as a medical necessity. The HMO told him that the chair, which he uses to take showers, is considered a luxury item. His physician intervened and tried to get Donald a rolling commode but was repeatedly denied.

In Detroit, I also met with Amaka Onumono, who had been recovering from injuries sustained when a man dumped hot grease on her and set part of her home on fire. She spoke about gaps in service because she needed to get a referral from her primary care physician after every 12 visits to her occupational therapist. "Every time it comes time to make an appointment, there is a hassle," her mother Denise Avery said.

In Lansing, I spoke with Dr. William Weil, a Michigan State University pediatrician, who said that some families whose children have chronic illnesses frequently have trouble getting HMOs to approve pediatric subspecialists, especially if none is located in the immediate community. "In many HMOs, there is a tendency to use neurologists and orthopedists who specialize only in the care of adults," Dr. Weil told me.